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Entitled: ANALYTE MONITORING DEVICE AND METHODS OF USE	
TheraSense, Inc.	8 Composition
(Name of Assignee)	(Type of Assignes, e.g., corporation, partnership, university, government egency; etc.)
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The undersigned (whose title is supplied below) is	authorized to act on behalf of the assignee.
9/13/=4	Çarl Silverman
9/13/04 510-749-5479	Typed or printed name
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This collection of Information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including galabeting, prepading, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the arrogant of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CMM thromation officer. U.S. Peters and Trademark Office, U.S. Department of Commercia, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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